

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.   | DATE |
|---------------------------|----------|----------|------|
| FEE DETERMINATION         | 1        |          |      |
| O.I.P.E. CLASSIFIER       |          |          |      |
| FORMALITY REVIEW          | 859      | 07-06-01 |      |
| RESPONSE FORMALITY REVIEW | 809      | 10-3-01  |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ∕ ..... Restricted O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original | 1/2/2001 |
| 1        |          |
| 2        |          |
| 3        |          |
| 4        |          |
| 5        |          |
| 6        |          |
| 7        |          |
| 8        |          |
| 9        |          |
| 10       |          |
| 11       |          |
| 12       |          |
| 13       |          |
| 14       |          |
| 15       |          |
| 16       |          |
| 17       |          |
| 18       |          |
| 19       |          |
| 20       |          |
| 21       |          |
| 22       |          |
| 23       |          |
| 24       |          |
| 25       |          |
| 26       |          |
| 27       |          |
| 28       |          |
| 29       |          |
| 30       |          |
| 31       |          |
| 32       |          |
| 33       |          |
| 34       |          |
| 35       |          |
| 36       |          |
| 37       |          |
| 38       |          |
| 39       |          |
| 40       |          |
| 41       |          |
| 42       |          |
| 43       |          |
| 44       |          |
| 45       |          |
| 46       |          |
| 47       |          |
| 48       |          |
| 49       |          |
| 50       |          |

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original | 1/2/2001 |
| 51       |          |
| 52       |          |
| 53       |          |
| 54       |          |
| 55       |          |
| 56       |          |
| 57       |          |
| 58       |          |
| 59       |          |
| 60       |          |
| 61       |          |
| 62       |          |
| 63       |          |
| 64       |          |
| 65       |          |
| 66       |          |
| 67       |          |
| 68       |          |
| 69       |          |
| 70       |          |
| 71       |          |
| 72       |          |
| 73       |          |
| 74       |          |
| 75       |          |
| 76       |          |
| 77       |          |
| 78       |          |
| 79       |          |
| 80       |          |
| 81       |          |
| 82       |          |
| 83       |          |
| 84       |          |
| 85       |          |
| 86       |          |
| 87       |          |
| 88       |          |
| 89       |          |
| 90       |          |
| 91       |          |
| 92       |          |
| 93       |          |
| 94       |          |
| 95       |          |
| 96       |          |
| 97       |          |
| 98       |          |
| 99       |          |
| 100      |          |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 101      |      |
| 102      |      |
| 103      |      |
| 104      |      |
| 105      |      |
| 106      |      |
| 107      |      |
| 108      |      |
| 109      |      |
| 110      |      |
| 111      |      |
| 112      |      |
| 113      |      |
| 114      |      |
| 115      |      |
| 116      |      |
| 117      |      |
| 118      |      |
| 119      |      |
| 120      |      |
| 121      |      |
| 122      |      |
| 123      |      |
| 124      |      |
| 125      |      |
| 126      |      |
| 127      |      |
| 128      |      |
| 129      |      |
| 130      |      |
| 131      |      |
| 132      |      |
| 133      |      |
| 134      |      |
| 135      |      |
| 136      |      |
| 137      |      |
| 138      |      |
| 139      |      |
| 140      |      |
| 141      |      |
| 142      |      |
| 143      |      |
| 144      |      |
| 145      |      |
| 146      |      |
| 147      |      |
| 148      |      |
| 149      |      |
| 150      |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

JES/sg  
10/14/01

Best Available Copy